#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

Page 1 of 17

2017 JUL 10 PM 4: 27

DO NOT THE WIND SAME OF THE ONE FREE BRISTOL. CT

**COVER PAGE** 

1. NAME OF COMMITTEE	and Tues		
Chery 14 Cour	ncil		
2. TREASURER NAME		_	
First	MI	Last Fitzer	Suffix
3. TREASURER ADDRESS		Titzgera	19
Street Address	City	ŶC	State Zip Code
515 Stevens		Dristo/	CT 06010
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGHT (Complete only	ly if Candidate Committee)	6. DISTRICT NUMBER (if applicable)
11/07/2017	City Cour	ncil	Third
7. CANDIDATE NAME (Complete only if the First		7. ·	
Cheryl	MI L	This early	Suffix
8. TYPE OF REPORT (Check One Box)			
O January 10 filing	7th day preceding primary	7th day preceding referendum	Initial Contribution or Disbursement
April 10 filing	30 days following primary	45 days following referendum	(PACs ONLY)  Amendment to
Druly 10 filing	7th day preceding election	<b>O</b> Deficit	Type of Report:
October 10 filing	O12th day preceding election (State Central Committees Only)	Termination	
O24 Hour Independent Expenditure OPrimary OElection	O45 days following election not held in November		
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	Apr. 1 28.2017	thru June 30	2017
10. CERTIFICATION			
I hereby certify and state, under policies of the period o	enalties of false statement, that riod covered is true, accurate	t all of the information set forth on the and complete.	is Itemized Campaign Finance
TREASURER OR DEPUTY TREASURE	GR (SIGNATURE) PRI	Jil Fitzgeral	d 7/10/2017
TREASURE OR DEFUT Y INCASURE	R (SIGNATURE) PRI	NI NAME OF SIGNER	DATE (mm/dd/yyyy)
A person who is	found to have knowingly and w faces a civil pe	villfully violated any provisions of the enalty or imprisonment or both.	e campaign finance statutes

#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

#### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE Provide Consider Name of Provider State Provider Provider Name of Provider Provider Name of Provider Name o			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
	COLUMN A This Period  Ing and party committees OR In all other committees  In all other committe		
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0	
12. Balance on hand at the beginning of Reporting Period	0		
13. Contributions Received from Individuals (Sections A and B)	1640.00	1,640.00	
14. Receipts from Other Committees (Sections C1 and C2)		_	
15. Other Monetary Receipts (Sections D through K)	200.00	200.00	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	t 200.00	-0-	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed			
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	-0-	-0-	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1,840.00	1,840.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1,840.00	1.840.00	
19. Expenses Paid by Committee (Section P)	200.00	200.00	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1.640.00	1,640,00	
21. In-Kind Donations not Considered Contributions Received (Section L4)	_		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	_		
23. In-Kind Contributions Received (Section M)	_		
24. Refundable Deposit to Telephone Company (Section N)			
25. Loan Balance			
25a. + Loans Received (Section D)			
25b. + Interest and Penalties on Loan		_	
25c Payments on Loan			
25d. Total Outstanding Loan Amount	_		
26. Campaign Expenses Paid by Candidate (Section Q)			
27. Expenses Incurred on Committee Credit Card (Section R)	_		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)			
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)			

## I. MONETARY RECEIPTS (Sections A—K)

Page 3 of 17	/
(2730)//	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
	THE OF REPORT
Clery 4 Council	1110 tiling
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 955.00
	100
B. Itemized Contributions from Indiv	
2	M
Residential Street Address City	State Zip Code
1922 Peckins St. Bristo	1 CT 06010
Principal Occupation Name of Employer	, P(   000, 1
Financial Advisor Riversid	· Investments
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract	ve officer of a municipality, Amount of Contribution
valued at more than \$5,000? OYes ONo	t with said municipanty
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective statement of the section L1?  If yes, indicate which branch or branches	ate contractor? Yes No
If yes, list Event # of government the contract is with:	Legislative /
Method of Contribution:  Date Received  Ocoph Magazanal Check O'Credit/Dakit Card O'Denvell Detection O'Long O'Lon	Aggregate Contributions 75.00
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney Order 6/15/2017	15.00
	MI
Residential Street Address City	State Zip Code
203 Pinchurst Road Bristol	CT 06010
Principal Occupation Name of Employer	. 0
Registrar of voters (ity o	+ Bristol
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contractive does contributed by the contribution of the	we officer of a municipality, twith said municipality  Amount of Contribution
Is this contribution associated with an Ves Is contributor a principal of a state contractor or prospective sta	ate contractor? OYes
event reported in Section L1? No If yes, indicate which branch or branches	ØNo
Method of Contribution:  Date Received	Aggregate Contributions 150.00
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5/22/2017	
Last Name First	MI
Carrier trancin	z   H
Residential Street Address  City	State Zip Code
Principal Occupation  Name of Employer	CT 06010
Assistant Manager Carrie	or Group, Inc.
Is contributor a lobbyist, spouse, Yes I if contribution is in excess of \$400 to a candidate for a chief executive	ve officer of a municipality. Amount of Contribution
or dependent child of a lobbyist?  does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  No	t with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective sta	te contractor? OYes
event reported in Section L1? No If yes, indicate which branch or branches	O Lacriclativa
Method of Contribution:  Date Received	Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/14/17	200.00 200.00
SUBTOTAL Section B — This	1 Page 425.00
TOTAL of additional Section B	Pages 260.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page	

NAME OF COMMITTEE (Provide Complete Name as Regist	owed with Filing Possaites	TYPE OF REPORT	
NAME OF COMMITTEE (Frome Complete Name as Regist	erea win ruing kepository)	11FE OF REFORT	
A. I otal Contributions from Small Co (See instructions for definition of Small Contribute	ontributors-Received this Period ONLY SUBTOTAL SECTION A	\$	
		TOWN BETTER ON THE STORY	
	B. Itemized Contributions from Indivi	duals	
Last Name	First		MI
Residential Street Address	Jake	Stata 7i	- Codo
(10, 11, 15)	City R	. 1 1 1	Code COIO
Principal Occupation	Name of Employer		<i>σ</i> φ ο , -
Builder - Develo		- Group Fr	. C ,
Is contributor a lobbyist, spouse, Yes If contrib	bution is in excess of \$400 to a candidate for a chief executiv	e officer of a municipality, Amount	of Contribution
or dependent child of a lobbyist? ONO does con	attributor or business he/she is associated with have a contract t more than \$5,000? Yes ONo		
Is this contribution associated with an Yes Is c	contributor a principal of a state contractor or prospective state	e contractor? Yes	
event reported in Section L1? No If yes, list Event # Old 417	If yes, indicate which branch or branches of government the contract is with:	OLegislative	
Method of Contribution:	Date Received	Aggregate Contributions	^>
OCash OPersonal Check OCredit/Debit Card OPa	yroll Deduction OMoney Order 6/14/17	200.00 20	00.00
Last Name	First	,	MI
Che-winski	1 Maryel	len	
Residential Street Address	O City R 1	.     1   1	Code
148 Dino	Wad Dristo	1 CT 10	06010
Principal Occupation  Admin. Asst	Name of Employer  No of Employer	Medical	LLC
	oution is in excess of \$400 to a candidate for a chief executive tributor or business he/she is associated with have a contract		of Contribution
, , , , , , , , , , , , , , , , , , , ,	t more than \$5,000? O Yes O No	with said municipanty	
	contributor a principal of a state contractor or prospective sta	e contractor? OYes	
event reported in Section L1? No If yes, list Event # Ole 1417	If yes, indicate which branch or branches of government the contract is with:	O Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	0.00
Cash Personal Check Credit/Debit Card Pa		60.00	
Last Name	First		MI
Residential Street Address	City	State Zip	Code
ACSIGNATION AND AND AND AND AND AND AND AND AND AN	City	State	Code
Principal Occupation	Name of Employer		
	bution is in excess of \$400 to a candidate for a chief executive	e officer of a municipality, Amount	of Contribution
	tributor or business he/she is associated with have a contract troore than \$5,000?  Yes  No	with said municipality	
	contributor a principal of a state contractor or prospective state		
event reported in Section L1? No  If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	O Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPa	yroll Deduction OMoney Order		
	SUBTOTAL Section B — This	Page 7 (00.00	•)
	TOTAL of additional Section B I	ages 425.00	
TOTAL OF ALL CO	NTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page	(+B) //240.00	)
	(Enter total on Line 13, Column A of Summury Page	totals)   U / C	

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMI	TTEE (Provide Complete N		with Filing Reposi	itory)		TYPE OF REPORT	Sling	
Name of Committee			Contributio	ons from O	ther Comm	nittees		
Address				Trans.				F.C. will all
				event report	ed in Section L <i>If yes</i> , 1	ed with an OYes ONo  1? ist Event #	Amount	of Contribution
City		State	Zip Code	Date Rece	ived	Aggregate Contributions		
Name of Committee		I			Name of Treas	Burer		
Address				Is this contrevent report	ed in Section L	ed with an Yes No 1? ist Event #	Amount o	f Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions		
Name of Committee					Name of Treas	L urer		
Address				Is this contri event report	ed in Section L1	ed with an Yes No?	Amount o	f Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions		
Name of Committee	C2. Rei	mbursemen	ts or Surpl	us Distribi	Itions from	other Committees		3752
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  OReimbursem	ent for shared e	expense OS	urplus Distribut	ion	Amount	of Receipt
Description	<u> </u>		4					
Name of Committee		·			Name of Treas	urer		
Address	70. TO THE TOTAL THE TOTAL TO T			City	.1		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  Reimburse	ment for shared	l expense	Surplus Distrib	ution	Amount	of Receipt
Description								
			SUBTO	TAL Sectio	n C — This	Page		
	TOTAL OF A	A COMME		of additiona				
	TOTAL OF AI (Sections C	LL COMMIT <sup>*</sup> l + C2) (Enter t						

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repository)		TYPE OF	REPORT	
	). Loans Re	ceived this Period	1		
Name of Lender		Source of Loan:  Bank Can	ndidate O Individua	d Other	Date of Receipt
Street Address	City		State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Car	ndidate ( Individual	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)	<del></del>				Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: OBank O Car	ndidate ( ) Individual	l Other	Date of Receipt
Street Address	City		State	Committee Zip Code	Is there a Cosigner or
					Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
		TOTAL SECT	TION D		
E. Receipts from Entities other tha	an Individu:	als or Other Com	mittees (Referen	dum Committee	es ONLY)
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contribu	utions	
Name of Entity					
Street Address			Date Received	T	Amount Received
City	State	Zip Code	Aggregate Contribu	utions	
<u> </u>		Ŷ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HIOIIS	
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contribu	ıtions	
		TOTAL SECT	TION E		

NAME OF COMMITTEE 1P1	ovide Complete Name as Regis	tered with Filing R	(epository)			ТҮРЕ	OF REPORT
F. A	mount Transferred	from Affili	iated Ru	cinece Treas	A Pucino	cas Entir	Committees ONIV
Date of Receipt	Is this transaction assoc	iated with an	_	If yes, list Event		SS Ema	Amount
·	event reported in Section	n L1?	SYes No	,			
Date of Receipt	Is this transaction assoc event reported in Section		QYes N-	If yes, list Event #	#		Amount
	event reported in Section	II LI :	O No				
Date of Receipt	Is this transaction assoc event reported in Sectio		8Yes No	If yes, list Event #	#		Amount
Date of Receipt							
Date of Receipt	Is this transaction assoc event reported in Section		OYes No	If yes, list Event #	#		Amount
				TOTAL	SECTION	F	
G. Amount Trans	ferred from Affilia	ted Labor I	Union or	Other Orga	-ization T	Гулаен	ry (Organization Committees ONLY)
Date of Receipt	icircu irom Airma	Date of Receipt	Umun or	Other Orga	Mzation i	Peasu Date of R	
							•
Amou	nt		An	nount			Amount
				TOTAL SE	ECTION G		
	Personal Funds of	the Candid	ate Rece	ived this Per	iod (Cand	lidate Co	ommittees ONLY)
Date of Receipt	Method of payment:			_			Amount
06/12/201		<b>Ø</b> Pe	ersonal Chec	ck OC	redit/Debit Ca	ırd	200.00
Date of Receipt	Method of payment:  Cash	<b>O</b> n	1.01	. 0	******		Amount
Date of Receipt	Method of payment:	——————————————————————————————————————	ersonal Chec	ck U	redit/Debit Ca	ırd	
Date of Receipt	Cash	<b>O</b> D.	1 Chan	· • • • • • • • • • • • • • • • • • • •	*********	•	Amount
Date of Receipt	Method of payment:		ersonal Chec	sk 🔾 Cı	redit/Debit Ca	ırd	Amount
•	O Cash	<b>O</b> P6	ersonal Chec	sk <b>O</b> Cı	redit/Debit Ca	rd	Amount
	. –	_	J1332				
				IUIAL	SECTION	VН	200.00
		I. And	onymous	Contributio	ns		
D	D 11' A 4 11 40		~ .	•• . •	1		
rer amoun	Public Act 11-48, at. If a committee	Anonymou receives an	us Contr anonyn	ibutions may	y no longe ution, the	er be c	leposited in <i>any</i> aign treasurer shall
im	mediately remit the	e contributi	on to the	e State Electi	ions Enfo	rceme	ent Commission
		for dep	osit in t	he General F	Fund.		

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repository)		E OF RI	EPORT	
J. Interest fr	om Deposits in Authorized Accour	nts			
Name of Institution		Date I	Received		Amount
Street Address	City	State	Zi	ip Code	
Name of Institution		Date F	Received		Amount
Street Address	City	State	Zij	p Code	
	TOTAL SECTIO	N.I		·	
K. Miscellaneous Mo	netary Receipts not Considered Co		utior	ıs	
Name				Fransaction	Amount Received
Street Address	City	State	e	Zip Code	$\dashv$
Description					
Name		I	Date of T	Fransaction	Amount Received
Street Address	City	State	)	Zip Code	
Description				L	_
Name		I	Date of T	ransaction	Amount Received
Street Address	City	State	;	Zip Code	
Description					$\dashv$
Name		I	Date of T	ransaction	Amount Received
Street Address	City	State	<b>.</b>	Zip Code	
Description					
	TOTAL SECTION K				
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D t	hrou	gh K)	
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals or Oth	· · · · · · · · · · · · · · · · · · ·	+			
Total Amount Transferred from Affiliated Business Treasu		+			
Total Amount Transferred from Affiliated Labor Union or					
Total Amount of Personal Funds of the Candidate Receive		+		2	.00.00
Total Amount of Interest from Deposits in Authorized Acc		+			
Total Miscellaneous Monetary Receipts not Considered Co		+	• .		
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summary	Rece	ipts Fotals)	2	00.00

#### II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TVPEO	FREPORT
(lery 14 Council	SE	
	t Information	-
Event #DIG 1417 Date of Event Letter  Description		Was this a fundraising event?
· · · · · · · · · · · · · · · · · · ·	irefly Hollo	W Yes ONO
Location: Street Address	City	State Zip Code
Center Street	1 Bristol	CT 06010
Subpart 1: (All Committees) Was this event hosted at a personal residence?	OVes (If yes no to Section I 5 In Vind	Donations not Considered Contributions
in as this event hosted at a personal residence:	Associated with a House Party a	and complete required information for any
	purchases made by host(s) for foo	d, beverage and invitations.)
Did this fundraiser include goods or services donated by a business entity	Yes (If yes, go to Section L4 In-Kind	Donations not Considered Contributions
of up to \$200 or items donated by an individual of up to \$100?	and complete required information	n.)
Was this fundraiser a tag sale, auction, or other sale of donated items	OYes (If yes, enter Total Receipts here.)	)
with purchases from an individual of up to \$100?	<b>O</b> No	´ → \$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm		995)
Were there purchases of advertising space in a program book or on a	Yes (If yes, go to Section L3 Purchase	es of Advertising Space in a Program Book
sign associated with this fundraiser?	or on a Sign and complete requi	ired information.)
Subpart 3: (Town Committees ONLY)		
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total Receipts here.)	$\longrightarrow$
gamering neid within the state with this fundraiser?	<b>Ø</b> No	
Event # Description Date of Event Letter		Was this a fundraising event?
Date of Event Letter		OYes ONo
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees)	<u> </u>	
Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind )	Donations not Considered Contributions
-		and complete required information for any
	No	a, severage and invitations.)
Did this fundraiser include goods or services donated by a business entity	Yes (If yes, go to Section L4 In-Kind	
of up to \$200 or items donated by an individual of up to \$100?	and complete required information  No	n.)
Was this fundraiser a tag sale, auction, or other sale of donated items	Yes (If yes, enter Total Receipts here.)	)
with purchases from an individual of up to \$100?	O No	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm		ees)
Were there purchases of advertising space in a program book or on a	Yes (If yes, go to Section L3 Purchase	es of Advertising Space in a Program Book
sign associated with this fundraiser?	or on a Sign and complete requi	red information.)
Subpart 3: (Town Committees ONLY)	-	
Did your committee sell food or beverage at a fair or similar mass	Yes (If yes, enter Total Receipts here.)	\$
gathering held within the state with this fundraiser?	ONo	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — This Page	200-00-0-
	ion L1—Subpart 3 <i>(Town Committees ONL)</i> ipts from Food Purchases — This Page	
Control Contro		
The state of the s	TOTAL of additional Section L1 Page	s

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed* 

NAME OF COMMITTEE (Provide	Complete Name as Registere	ed with Filing Reposite	ory)		TYPE OF REPO	RT		
	L3. Purchases	of Advertisi	ng in a Progra	m Book or o	on a Sign			
Name of Purchaser					-	i .	se Made By:	A
						_	siness Entity lividual/Sole F	Other Proprietorship
Street Address			City			O III	State State	Zip Code
Date Received Event #	#	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise	Amount of Si	gn Purchase
Name of Purchaser	777.7. T	•		<u> </u>		Purchas	e Made By:	
						_	siness Entity ividual/Sole P	Other
Street Address			City			O IIIO	State State	Zip Code
Date Received Event #	ŧ	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise	Amount of Sig	gn Purchase
,								
Name of Purchaser						Purchas	e Made By:	
						_	siness Entity	Other
Street Address			City			<b>○</b> Ind	ividual/Sole P	roprietorship Zip Code
			,				State	Zip Code
Date Received Event #	<i>‡</i>	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	gn Purchase
Name of Purchaser							e Made By:	
						_	siness Entity ividual/Sole P	Other
Street Address			City		l	O Ind	State	Zip Code
		,						
Date Received Event #	<i>t</i>	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	gn Purchase
* - *								
Name of Purchaser						Purchase	e Made By:	
						_	siness Entity	Other
Street Address	*		City			O Ind	ividual/Sole P	roprietorship Zip Code
			City				State	Zip Code
Date Received Event #	+	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Sig	gn Purchase
SUB	FOTAL Section L3 To	tal Purchases of	Advertising in Pr	ogram Book –	— This Page			
All and the second seco	SUBTOTAL Section	on L3 Total Purc	hases of Advertisi	ing on a Sign -	— This Page			
	998	10400	TOTAL of ac	lditional Section	on L3 Pages	-		
TOTAL OF A					_			

### II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing Repository)			TYPE OF REPOR	Т		
	L4. In-K	ind Donations N	ot Consider	ed Contribu	ıtions			
Name of Donor								
Street Address			City				State	Zip Code
							State	Zip code
Donation Given By:	Description of Donation					Fair I	I Market Vali	le of Donation
Business Entity								
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value fo	r this Event			
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:  Business Entity	Description of Donation					Fair N	Iarket Valu	e of Donation
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for	r this Event			
Name of Donor	<u> </u>	L						
g						-		
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation		L		Fair N	ir Market Value of Donation		
Business Entity								
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
Name of Donor	<u> </u>	<u> </u>						
Street Address			City				State	Zip Code
Donation Given By:  Business Entity	Description of Donation					Fair M	larket Valu	e of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for	this Event			
		SUBTO	TAL Section I	.4—This Page				
		TOTAL	of additional S	ection L4 Page	S			
ТОТ	AL OF ALL IN-KIND DONA (Enter l	TIONS NOT CONS total on Line 21, Coli						

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Rep	ository)			TYPE OF RE	PORT	
L5. I	n-Kind Donations Not Conside	ered (	Contributions Associa	ited with a F	House Part	ty	
Name of Host				committee?	supporting me Yes ON mplete Itemize	0	ne candidate or
Street Address			City			State	Zip Code
Description of Donation				,	Fair Mar	ket Value (	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
Name of Host				Is this event s	upporting mo	ore than on	e candidate or
				committee?	Yes O No mplete <b>Itemiz</b> a	0	
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation
					ran wa	KCL VAIUE O	o Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate			·
Name of Host				Is this event so committee?	Yes ONG	)	
Street Address			City	If yes, cor	mplete Itemiza	tion in Add State	endum L5 Zip Code
					:	State	Zip code
Description of Donation					Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate			
Name of Host		<u></u>		Is this event so committee?		)	
Street Address	- 100		City	IJ yes, cor	npiete Heimza	State	Zip Code
							•
Description of Donation					Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate			
		SUB	TOTAL Section L5 —	This Page			
	•	ГОТА	L of additional Section	L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on		ONSIDERED CONTRI 2, Column A of Summary 1				

# III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	egistered with	Filing Repository)			TYPE OF R	EPORT		
			M. In-Kin	d Contr	ibutions				
Name			141. III-KIII	u Conti	IDULIONS				
Street Address				Cit	у			State	Zip Code
Type of contributor: OCommittee	Date Rece	ived	Aggregate Contrib	nutions	Description of In-Kine	d Contribution			
OIndividual / Sole Proprietorship Oother			riggiogato Contro	Juliona	Description of making	a Contribution			
Is contributor a lobbyist, spouse, Yes	If contri	bution is in	L excess of \$400 to	a candidate	for a chief executive	officer of a mu	nicipality,		
or dependent child of a lobbyist? O No		ntributor or l it more than		s associated	with have a contract v  Yes  No	with said munici	pality		Market Value Contribution
Is this contribution associated with an event reported in Section L1?	Yes No		tor a principal of indicate which b		ractor or prospective s	state contractor?			
If yes, list Event #	<u> </u>		rnment the contra		-	C Legislative	O No		
Name									
Street Address				Cit				State	Zip Code
				Cit	y			State	Zip Code
Type of contributor: Committee	Date Recei	ved	Aggregate Contrib	outions	Description of In-Kind	l Contribution			
OIndividual / Sole Proprietorship OOther									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in ontributor or at more than	business he/she i	s associated	e for a chief executive with have a contract  Yes  No	e officer of a mu with said munic	nicipality, ipality		Market Value Contribution
Is this contribution associated with an	O Yes	Is contribut	tor a principal of	a state contr	actor or prospective s	tate contractor?	OYes		
event reported in Section L1?  If yes, list Event #	O No		ndicate which br nment the contra			Legislative	<b>○</b> No		
Name							· · · · · · · · · · · · · · · · · · ·	***	
Street Address				ICits	,			104-4-	17:- C- 1-
w.c				City	,			State	Zip Code
Type of contributor:  Committee	Date Recei	ved	Aggregate Contrib	utions	Description of In-Kind	l Contribution			1
OIndividual / Sole Proprietorship OOther									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in entributor or at more than	business he/she is	s associated	e for a chief executive with have a contract of Yes No	e officer of a mu with said munici	nicipality, ipality		Market Value Contribution
Is this contribution associated with an event reported listed in Section L1?	O Yes	Is contribut	or a principal of	a state contra	actor or prospective st	tate contractor?	<b>Q</b> Yes		
If yes, list Event #	O No		ndicate which br nment the contra			Care Legislative	O <sub>No</sub>		
			SUBT	OTAL Sec	tion M — This Pa	ige	· · · · · · · · · · · · · · · · · · ·		
			TOTAL	of additio	nal Section M Pag	ies			
TOTAL OF ALL IN-KIND CON	TRIBU'	ΓΙΟΝS Œ	nter total on Line	23. Column	A of Summary Page T	otals)			
Last Name of Individual	13.	Remne	<del></del>	rst	phone Compai	шу	MI	Date Deposit	: Made
Residential Street Address			City			State Zip	Code	<del></del>	
									Amount of Deposit
Name of Telephone Company					····		-	_	
Street Address	<del></del>		City	-		State Zip	Code	1	
TOTAL SE	CTION	N (Enter t	otal on Line 24,	Column A o	f Summary Page Tot	als)			

SEEC FORM 20 Revised January 2015

### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

Cher-114 Council SEEC F	
	orm 20 7/10 F
P. Expenses Paid by Committee	
	Method of Payment:
	$\mathscr{O}$ Check # $89$
	O Debit Card OEFT
	State Zip Code
Center St. Bristol	CT 06010
Purpose of Expenditure Description Event #	Amount
FNOR Rental of Space 061417	
Evenagitus #	
(if applicable) Type of Experimitate (Hemization in Addendum F Required unless "None of the below" is checked)	200.00
None of the below Coordinated with reimbursement sought (joint expenditure) Independent	200.00
Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Independent  Organization A B C D D	
	Method of Payment:
	Check #
	O Debit Card OEFT
Street Address City	State Zip Code
Purpose of Expenditure Description Event #	Amount
(by code)	
Expenditure # Type of Expenditure (Itemization in Addendum P. Required unless "None of the helow" is checked)	
(if applicable)	
None of the below Coordinated with reimbursement sought (joint expenditure) Independent	
Coordinated with reimbursement sought (in-kind contribution)  Organization OA OB OC OD	
	Method of Payment:
	O Check #
	Debit Card DEFT
Street Address City	State Zip Code
Purpose of Expenditure Description Event #	Amount
(by code)	
Expenditure # Type of Expenditure (Itemization in Addendum P. Required unless "None of the below" is checked)	
(if applicable)	
None of the below Coordinated with reimbursement sought (joint expenditure) Independent	
Coordinated without reimbursement sought (in-kind contribution)  Organization A B C D D	
	Method of Payment:
	Check #
Cturat Adduss	Debit Card EFT
Street Address City	State Zip Code
Purpose of Expenditure Description Event #	Amount
(by code)	rimount
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure)  Independent	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A B OC D	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A B C D	-90 ·00
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  SUBTOTAL Section P — This Page	70.0U
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A B C D	D0.00
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  SUBTOTAL Section P — This Page  TOTAL of additional Section P Pages	-00.00

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository	)		TYPE OF REPORT				
		enses Paid by Cand	idate		1			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment		oursement claimed? Yes		
Street Address		State	Zip Code					
Purpose of Expenditure (by code)	Description	<u> </u>	Event #	#		Amount		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	Date of Payment		oursement claimed?				
Street Address		City				Yes No		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	#		Amount		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	oursement claimed?		
					0	Yes 🔘 No		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)						Amount		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment		ursement claimed?		
Street Address	City			State	Zip Code			
Purpose of Expenditure (by code)	Description	L	Event #	¥		 Amount		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		L	Date of Payment	Is reimb	ursement claimed?		
				·	l _	_		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	‡	O Yes O No			
Name of Payee (Name of V		Date of Payment	Amount  Is reimbursement claimed?  Yes No  State Zip Code					
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description	<u> </u>	Event #	<i>ŧ</i>		Amount		
		SUBTOTAL Section Q —	- This	Page				
	то	TAL of additional Section	on Q P	'ages				
3 3 4 5 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5	TOTAL OF ALL EXP (Enter total on Lin	ENSES PAID BY CA se 26, Column A of Summar						

NAME OF COMMITTI	BB (Provide Complete Name as Registered with Filing Repository	)	TYPE OF REPORT		
	R. Expenses Incurre	ed on Committee Cro	edit Card		
Name of Issuing Instit	ution	Type of Credit Card:  O Visa  Master O			
		Other:			
Name of Vendor, Person of	Date of T	ransaction			
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)					
Name of Vendor, Person or	Entity			Date of To	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below Coordinated with reimbursement sought (joint expend	liture) Indepo	,		
Name of Vendor, Person of	Entity			Date of Ti	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below  Coordinated with reimbursement sought (joint expend)  Coordinated without reimbursement sought (in-kind co	liture) Indepe	·		
	SI PROPERTY OF THE PROPERTY OF	UBTOTAL Section R —	This Page		
	TO	FAL of additional Section	R Pages		
ТО	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMITTEE CRED e 27, Column A of Summary			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPOR	RT	
Name of Creditor	S. Expenses Incurred	by Committee but No	ot Paid D	Uring this Period	Date Incu	rred
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	ture Description Event #				l l	nount Incurred stimate or Actual)
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum of None of the below Coordinated with reimbursement sought of Coordinated without reimbursement sought	(joint expenditure)	Indepen		O <sub>D</sub>	
Name of Creditor					Date Incur	red
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		nount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S  None of the below Coordinated with reimbursement sought ( Coordinated without reimbursement sought)	joint expenditure)	) Indepen	,	O D	
Name of Creditor					Date Incur	red
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event#		nount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum South None of the below Coordinated with reimbursement sought (Coordinated without reimbursement sough)	(joint expenditure)	Indepen	•	Ор	
	The state of the s	SUBTOTAL	. Section S	-This Page		
		TOTAL of addit	ional Secti	ion S Pages		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITT (Ente	EE DURING THIS PERI er total on Line 28, Column A				
	Previously rep	orted Expenses Unpaid a	nd still Ou	itstanding		
	TOTAL OF ALL EXPENSES IN (Enter	CURRED BY COMMIT total on Line 28a, Column A				

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	ny)		TYI	PE OF RE	PORT			
	T. Itemization of Reiml	bui	rsements and Second	lary Par	vees				
Last Name of Worker/Cons		Fir			,	МІ	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>				o Reimburse n Section P:	_	Worker/Con	
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant		City		Circ	JK 11	State	Zip Code	<u> </u>
Purpose of Expenditure (by code)	Description		Ĭ	Event #			****	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	dent O	O C	) O					
Last Name of Worker/Cons	ultant	Fir	st			MI	Date of F Person or	ayment to V Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Payment to reported in Chec		_		sultant as
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant		City	<u>,                                    </u>			State	Zip Code	
Purpose of Expenditure (by code)	Description		E	Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	enditu	are) 🕜 Independ	dent O	O C	) O D			
Last Name of Worker/Cons	ultant	Fir				MI	Date of P Person or	ayment to V Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Payment to reported in Chec		_	Vorker/Cons	
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant		City		***		State	Zip Code	
Purpose of Expenditure (by code)	Description		E	Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expense Coordinated without reimbursement sought (in-kind)	nditu	ure) Independ	dent 🔿	О C	) O D			
		S	SUBTOTAL Section T —	This Pag	e				
	Part of the second of the seco	TC	OTAL of additional Section	on T Page	es				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VО	RKERS AND CONSU	LTANT	'S				